

**ST. ISIDORE'S PYM/CYO ATHLETIC PROGRAM  
SPORTS INFORMATION AND REGISTRATION**

To participate in the St. Isidore CYO Athletic Association sports programs, each player is required to meet Archdiocese eligibility requirements. If eligible, the full completion of this form and full payment of the sports registration fee is required at time of registration.

**2008 Girls Volleyball REGISTRATION**

**PLEASE CIRCLE LEVEL AND AMOUNT OF PAYMENT**

<b>SPORT</b>	<b>FEE (1ST CHILD)</b>	<b>FEE (2ND &amp; 3RD ETC)</b>
<b>VOLLEYBALL</b>		
JV Girls (Grades 5 & 6)	\$70.00	\$65.00
VAR Girls (Grades 7 & 8)	\$70.00	\$65.00

**UNIFORM SIZE: SHIRT: \_\_\_\_\_**

**COMPLETE A SEPARATE FORM FOR EACH CHILD  
Save \$5.00 and register online**

**NAME OF PLAYER:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
**CITY, STATE, ZIP:** \_\_\_\_\_  
**HOME PHONE:** \_\_\_\_\_ **BIRTHDATE:** \_\_\_\_\_  
**EMAIL ADDRESS:** \_\_\_\_\_ **GRADE** \_\_\_\_\_  
**SCHOOL:** \_\_\_\_\_ **RELIGION:** \_\_\_\_\_  
**MEDICAL PROBLEMS /ALLERIGIES / MEDICATIONS:** \_\_\_\_\_  
\_\_\_\_\_  
**PERMISSION TO SEEK MEDICAL CARE IF NEEDED:** YES \_\_\_\_\_ NO \_\_\_\_\_  
**SIGNATURE:** \_\_\_\_\_  
**INSURANCE NAME AND ID:** \_\_\_\_\_  
**EMERGENCY NAME & PHONE NUMBER:** \_\_\_\_\_  
**ALTERNATE EMERGENCY CONTACT:** \_\_\_\_\_

**PLEASE MAIL COMPLETED FORM AND PAYMENT TO:**

**MRS. KAREN MAGINNIS, 14 PIN OAK DRIVE, QUAKERTOWN, PA. 18951**